

REQUEST FOR PATENT FEE REFUND

10/519564

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

1

12/30/04

\$ 100

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

01--2135

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: Paralegal

SIGNATURE: A Johnson

PHONE: 308-9140

OFFICE: PCT

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: